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# Psychological profile of the Romanian pathological gambler

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## Abstract

The concept of addiction has been broadened in recent years to include appetitive behaviors judged to be excessive in some sense: excessive drinking, drug-taking, gambling, eating and sexuality.

Pathological gambling is often accompanied by depression, anxiety, substance use disorders or personality disorders.

This article presents data of a sample of 119 pathological gamblers who were tested with SOGS, Beck Depression Inventory, Hamilton Anxiety Rating Scale, Inventory of Gambling Situations and the Structured Clinical Interview for DSM Disorders.

The results show that most pathological gamblers present depressive and anxiety disorders and 44,5% of them presents at least one personality disorder.

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## 1. Problem statement

Pathological gambling is a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

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Pathological gambling affects the gambler, their family, their employer, and the community; the gamblers spend less time with their family, spend more of the family's money on gambling until the bank accounts are depleted, and then may steal money from family members. Interpersonal problems between gamblers and their significant others include domestic violence, relationship breakdown, neglect of family and a negative impact on the physical and mental health of family members.

Pathological gambling does not involve use of a psychoactive substance, but the "action" which compulsive gamblers crave is an aroused, euphoric state comparable to the "high" sought by drug users. This aroused state is accompanied by changes in brain chemistry similar to those caused by alcohol or drugs.

The key difference between pathological gambling and social gambling is self-control: each social gambling session usually lasts for a set period of time and involves pre-determined spending limits.

Pathological gambling in men typically begins in adolescence although it may not come to professional attention until the man is well into adulthood. The typical pathological male gambler is white, aged 40-50 years, and comes from middle to upper socioeconomic bracket.

Pathological gambling has high co-morbidity rates with substance abuse, mood disorders, attention deficit hyperactivity disorder (ADHD), and antisocial personality disorder (Hollander, Buchalter & DeCaria, 2000).

Alcohol abuse is strongly predictive of gambling pathology and low socioeconomic status group members have higher levels of gambling pathology than other groups (Welte, Barnes, Wieczorek, Tidwell & Parker, 2004).

In the current edition (DSM-IV), pathological gambling is classified as part of "Impulse-Control Disorders Not Elsewhere Classified," which also includes disorders like kleptomania. In the new edition, gambling disorder will join substance-related addictions in a renamed group called "Addiction and Related Disorders."

There is no typical personality profile found among problem or pathological gamblers. Studies has supported both environmental and genetic factors as risks for pathological gambling, as the individuals learn, model and maintain behaviors that are observable and are reinforced.

Several individual factors have been implicated in the development and maintenance of pathological gambling and these include personality, cognition, psychological states and biology.

Pathological gamblers score higher on measures of impulsivity as compared with social gamblers and sensation seeking which is also a risk factors for developing problem gambling.

Evidence suggests that irrational and negative thoughts play a significant role in the development and maintenance of problem gambling (Hodgins & El-Geubaly, 2004). These include believing that they can influence gambling outcomes, believing that they can correctly predict the outcomes and making false interpretations about gambling outcomes.

Negative psychological states as depression, anxiety and stress have frequently been linked to the development and maintenance of pathological gambling.

Blaszczynski & Nower (2002) identifies three primary subgroups of gamblers: behaviorally conditioned (conditioning and cognitive processes are primary), emotionally vulnerable (affective disturbances, poor coping skills, dealing with painful emotional experiences, social isolation and low self esteem act to exacerbate the effect of the conditioning and cognitive processes), and biologically-based impulsive (genetic and neurochemical factors contribute to impulsivity and need for stimulation).

The personality profile of people at risk for pathological gambling is very similar to the profile that has been found in meta-analyses of Borderline personality disorder and substance use disorders (Samuel & Widiger, 2008).

The studies conducted by Lorains, Cowlishaw & Thomas (2011) indicated that pathological gamblers had high rates of other co-morbid disorders. The highest mean prevalence was for nicotine dependence (60.1%), followed by a substance use disorder (57.5%), any type of mood disorder (37.9%) and any type of anxiety disorder (37.4%).

The public health perspective takes the position that prevention of health problems and reduction of harm can be more effective in maintaining community and individual wellbeing than individual focused tertiary treatment initiatives (Dickson- Gillespie, Rugle, Rosenthal & Fong, 2008).

## 2. Purpose of study

The aim of this paper is to outline a psychological profile of the Romanian pathological gambler. The study was conducted in Bucharest in 2010-2012 on a sample of 119 subjects who were diagnosed with pathological gambling. The group consisted of all subjects who requested counseling for gambling addiction.

## 3. Research methods

I applied the following instruments of diagnosis to draw the psychological profile of the Romanian gambler: a semi-structured interview; the South Oaks South Oaks Gambling Screen-SOGS developed by Lesieur & Blume (1987) as a screen for compulsive gambling; the Structured Clinical Interview for Axis II disorders in the DSM-IV-TR (SCID II), an efficient instrument that help researchers make standardized diagnoses of the 10 DSM-IV Axis II personality disorder; the Hamilton Anxiety Scale; The Beck Depression Inventory; Gambling Related Cognitions Scale (Raylu & Oei, 2004) which identify gambling-specific thinking errors that encourage the client to continue gambling despite significant losses and Inventory of Gambling Situations (Littman-Sharp, Turner & Toneatto, 2009), an instrument that assesses situations that may lead to gambling episodes.

## 4. Findings

The application of the semi-structured interview showed that the participants were aged between 17 and 61, with an average of 29.86 years old; 5.89% were women and 94.11% were men; studies done abroad revealed that 1/3 of pathological gamblers are women (Blaszczynski, 2010; Disley et al., 2011; Raylu & Oei, 2010).

Also 79.83% of participants declared they were married or in a partnership, while 20.17% were not married; 62.18% of participants graduated with a superior degree and 37.82% had average education; 68.9% had a stable job and the remaining 31.09% did not.

Data referring to other addictions were gathered during the same study: 60 subjects declared a high daily alcohol consumption, 49 subjects had been smoking for more than 2 years, and 20 subjects admitted they occasionally consumed drugs.

After applying the South Oaks South Oaks Gambling Screen (SOGS) the entire group obtained an average of 10.55; the lowest score was 7 points and the highest score was 14 points – both values are within the area of pathological gambling.

The application of the Beck Depression Inventory showed that 76.47% of the subjects had a depressive disorder: 47.9% had a moderate form of depression, 23.54% had a severe form of depression while 28.57% had a light form of depression.

These data match the results of Blaszczynski's studies (2010), according to which 75% of the pathological gamblers present at the same time symptoms of a depressive disorder. Other studies showed as well a correlation between the pathological gambling and a severe depressive-anxious symptoms (Momper, Delva, Grogan-Kaylor, Sanchez, & Volberg, 2010; Zangeneh, Grunfeld & Koenig, 2008). Symptoms of depression are: irritability, lack of focus, lack of interest in social activities, lack of energy, sleep disorders.

The application of the Hamilton Anxiety Scale revealed that 64.7% of the gamblers had a form of anxiety; disorder but only 38.65% had a form of average or severe anxiety, and 26.05% had a light form of anxiety; epidemiological studies show that more than 40% of pathological gamblers have anxiety disorders at least once in a life time (Blaszczynski, 2010; Petry, Stinson & Grant, 2005); there are many other studies that show the association between anxiety and pathological gambling (Raylu & Oei, 2010; Rizeanu, 2013; Zangeneh, Grunfeld & Koenig, 2008).

A percentage of 44.5% of the respondents to the Structured Clinical Interview for Clinical Disorders on the Axis II of DSM-SCID II obtained scores which indicate the presence of a personality disorder; the distribution of the number of the personality disorders shows that only 10.9% of subjects have a single personality disorder, while the remaining 33.6% have at least 2 personality disorders. The most frequent personality disorder identified among

participants was the narcissistic one (38.7%) followed at a long distance by obsessive-compulsive disorder (16%) and borderline personality disorder (15.1%).

The results of the application of the Gambling Related Cognitions Scale show an average of 112.76 points and a median of 115, a high level of these cognitions.

The results of the application of the Inventory of Gambling Situations show an average of 86.29 points and a median of 87 points, which show that the pathological gamblers very often find themselves in situations to gamble.

## 5. Conclusions

With the help of the results obtained I built the following psychological profile: the Romanian pathological gambler is mostly male (94.1% of the cases), aged between 17 and 61 with an average of 29.86. Most of the times the pathological gambler comes from a rural area, from a family with many children, with relationship issues where the father used coercive education methods or was completely absent, consumed excessive alcohol and sometimes played cards or dice for money. In childhood the subject's effectiveness at school was usually low, they registered many conflicts with colleagues and teachers and presented many behavioral disorders during periods of hyper-activity.

A percentage of 76.46% of Romanian pathological gamblers show depressive disorder, most of them have an average level of anxiety (in 64.71% of cases) and most have had diagnosed at least one personality disorder on the Axis II of DSM (44.5%); the narcissistic type of personality disorder has the highest frequency (38.7%), followed by the obsessive-compulsive personality disorder (16%) and borderline personality disorder (15.1%). The Romanian pathological gamblers have an 86.6% level of intensity of irrational cognitions and often finds themselves in the situations of gambling.

The Romanian pathological gamblers often consumes alcohol, smokes and occasionally consumes drugs; they have an average to modest standard of living and their main motivation in gambling is to win a large amount of money in order to have a higher standard of living in the future.

A percentage of 70.58% of participants have another form of addiction as follows: 50% consume alcohol abusively; 41.2% consume tobacco abusively and 16.8% occasionally consume prohibited substances. The early debut in gambling, during the teen years, conforms to the results of other scientific studies.

The preferred forms of gambling are electronics gaming machines and roulette, getting money being the main motivation. Similarly, other studies revealed that money is the main motivation, followed by the need for excitement (Jackson & al, 2000).

Predisposing factors involve an average level of depression and anxiety; the existence of irrational cognitions about gambling; the existence of a personality disorder, most of the time a narcissistic one; the lack of social abilities and of assertiveness.

Precipitating factors involve integration in a completely new context, for example moving from the home town to Bucharest where there are different requirement for integration. The development of gambling is precipitated by the lack of support from partner or family.

The perpetuating factors involve the tasks assumed in the new context and perceived as overwhelming, especially because, after moving to Bucharest together with the wife or partner, the new obligations appear never ending.

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